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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/600,770
		Filing Date	June 23, 2003
		First Named Inventor	S. WU
		Art Unit	1712
		Examiner Name	D. Buttner
Total Number of Pages in This Submission	9	Attorney Docket Number	20002.0324

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (duplicate)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney By Assignee  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Change in Attorney Docket Number  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephanie D. Scruggs, Reg. No. 54,432 Swidler Berlin LLP
Signature	
Date	December 5, 2005

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

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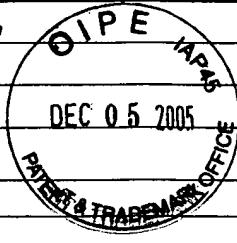
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**450**

Complete if Known

Application Number	10/600,770
Filing Date	June 23, 2003
First Named Inventor	S. WU
Examiner Name	D. Buttner
Art Unit	1712
Attorney Docket No.	20002.0324

**METHOD OF PAYMENT** (check all that apply) Check    Credit Card    Money Order    None    Other (please identify) : \_\_\_\_\_ Deposit Account   Deposit Account Number: **19-5127**   Deposit Account Name: Swidler Berlin LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)<br>Under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
				<u>Fee (\$)</u>		
—20 or HP=	x	=	—	50	25	
HP = highest number of total claims paid for, if greater than 20.				200	100	
Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	360	180	<u>Multiple Dependent Claims</u>
—3 or HP=	x	=	—	Fee (\$)	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3.				—	—	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
—100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Petition for 2 month Extension of Time (\$450);

Fees Paid (\$)450**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	54,432	Telephone	(202) 424-7500
Name (Print/Type)	Stephanie D. Scruggs			Date	December 5, 2005

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